

**REQUEST FOR ADMINISTRATIVE HEARING**

**Date:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Representative:** \_\_\_\_\_

**Representative's Address:** \_\_\_\_\_

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I request an administrative hearing to review the decision or final action taken by:

**Worker/Employee/Agent:** \_\_\_\_\_

**Agency Office:** \_\_\_\_\_

**Type of Program:** \_\_\_\_\_

**Date of Action Being Appealed:** \_\_\_\_\_

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I am requesting consideration of this matter because: *(continue on attached page if necessary)*

(Explain why decision or final action is not satisfactory in your circumstances)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this is a hearing before an impartial Presiding Officer of the Office of Administrative Hearings.

\_\_\_\_\_  
Signature: Person Requesting Administrative Hearing

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**FOR FOOD ASSISTANCE ONLY:**

Until the hearing: *(Check one)*

\_\_\_\_\_ I want to continue receiving the amount of food assistance I currently receive.

\_\_\_\_\_ I do not want to continue receiving the amount of food assistance I currently receive.

**I UNDERSTAND THAT IF THE HEARING RESULTS SHOW THE ACTION WAS CORRECT, I OWE THE VALUE OF THE EXTRA FOOD ASSISTANCE I RECEIVED WHILE AWAITING THE DECISION.**

\_\_\_\_\_  
Signature: Person Requesting Administrative Hearing

## **RULES AND REGULATIONS RELATING TO FAIR HEARINGS**

1. K.S.A. 75-3306, as amended, provides that "The secretary ... shall provide a fair hearing for any person ... who appeals from the decision or final action of any agent or employee of the secretary". The hearing shall be conducted in accordance with the provisions of the Kansas administrative procedure act, K.S.A. 77-501 et. seq.
2. A dissatisfied individual or entity must request an administrative hearing in writing and sign it (except for food assistance where the request may be oral). This form may be used but it is not a requirement. The request for an administrative hearing should be returned to the local agency office or sent to the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612. The individual or entity requesting the administrative hearing shall then be called an appellant and the party whose decision is appealed shall be called the respondent.
3. Written notice of the time and place of the hearing or prehearing shall be given by the Office of Administrative Hearings to the appellant and to the respondent at least ten days prior to the hearing.
4. The appellant may have a representative of his/her own choice at the hearing, along with the ability to have witnesses and produce documentary evidence relating to his/her appeal. Failure to participate in the scheduled hearing or any other matter scheduled regarding your appeal may result in your appeal being dismissed.
5. The hearing shall be conducted by a Presiding Officer from the Office of Administrative Hearings. (K.S.A. 75-37,121)
6. A recording shall be made of the hearing, and this recording shall be reduced to a transcript if requested for good cause shown by any of the parties to the hearing. If such a request is made, it will be the requesting party's responsibility to pay for the transcript.
7. A copy of the initial order of the Presiding Officer shall be mailed to the appellant and the respondent.
8. A request for administrative hearing shall be in writing (except in food assistance where the request may be oral) and received by the agency within 30 days, 33 days if mailed, (90 days for food assistance) from the date of the order or notice of action taken by the agency.
9. If an individual is in need of any special accommodation, in order to be involved in their hearing, they should notify the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612.
10. The Office of Administrative Hearings does not accept any filings by e-mail without prior approval of the Presiding Officer or their designee.